

**Alaska Department of Revenue
Permanent Fund Dividend Division**

2021 Verifiers Designation

| | | |
|------------------------|---------------|--------------------------|
| Printed Name | | Daytime Telephone Number |
| Social Security Number | Date of Birth | Message Telephone Number |
| Mailing Address | | Email Address |
| City | State | Zip Code |
| Your Signature | | Date |

Provide the name, address and telephone number of two adult **Alaska** residents who can verify your Alaska residency. A signature from the verifier is not required. Your application is not complete without verifier information. Complete verifier information must be provided.

First adult Alaska resident who can verify your residency

| | | | |
|-----------------|-------|-----------|--------------------------|
| First Name | MI | Last Name | |
| Mailing Address | | | |
| City | State | Zip Code | Daytime Telephone Number |

Second adult Alaska resident who can verify your residency

| | | | |
|-----------------|-------|-----------|--------------------------|
| First Name | MI | Last Name | |
| Mailing Address | | | |
| City | State | Zip Code | Daytime Telephone Number |

Send completed forms to:

Permanent Fund Dividend Division
PO Box 110462
Juneau, AK 99811-0462